DMV 48H 6/97

DEPARTMENT OF TRANSPORTATION DIVISION OF MOTOR VEHICLES BUILDING 3, CAPITOL COMPLEX CHARLESTON, WV 25317

APPLICATION FOR DISABLED AMERICAN VETERANS LICENSE PLATE

PART I - TO BE COMPLETED BY APPLICANT (Type or Print in Blue or Black Ink)

Name(s) of own	ner(s) exact	tly as show	n on current	registration - For vehicl	e you wish to register:		
Name(s) Present Street Address				Telephone Number			
				Current License	Current License Plate Number		
City		State	Zip	Title Number			
Model Year	Make	Vehicle	identification	n Number	nber DAV Membership Number		
		1	INSURAN	ICE INFORMATIO)N		
Effective Da	te of Insu	rance Pol	icy: From_		To		
Insurance Co	mpany						
Agent	ent Policy Number						
accordance w made are tru	ith provisite and corr	ions of the	e West Virgi e best of my	inia Motor Vehicle L	n effect on the described vehicle in aws and certify that the statements ef under penalty of false swearing,		
Signature of Applicant					Date		
<i>OF WEST V</i> The 1	IRGINIA Disabled is a mem	American	Veterans, Disabled A	Department of West	N VETERANS - DEPARTMENT t Virginia, certifies that the above d qualifies for the special Disabled		
Disab	epartment oled Americ	can Veterai		<u>- </u>	Date		

(NOT VALID WITHOUT RAISED SEAL)

INSTRUCTIONS

- 1. To qualify for a Disabled American Veterans license plate, the applicant must be a member of the Disabled American Veterans. An eligible applicant must have this form certified by the Disabled American Veterans, Department of West Virginia.
- 2. Please complete Part 1 of the application.
- 3. Please mail the application (DO NOT SEND MONEY) to the Disabled American Veterans, West Virginia Department office at the following address:

Disabled American Veterans Department of West Virginia PO Box 605 Elkview, WV 25071-0605 Telephone: (304) 965-3246

- 4. The Disabled American Veterans office will review your application and if you are eligible, your application will be certified with a raised seal, approved and returned to you.
- Please send the completed application along with the correct fees to the Division of Motor Vehicles. All checks should be made payable to the Division of Motor Vehicles (address listed below). Please include your personal property tax receipt or an affidavit from the assessor, if your registration is expiring within 60 days of your application.

Disabled American Veterans Plate Division of Motor Vehicles Building 3, Capitol Complex Charleston, WV 25317

5. Your fee is based on the expiration of your present license plate. Use the first letter or number of your license plate to calculate your fee. **This amount includes the one time** \$10.00 fee. All Disabled American Veteran license plates will expire July 1 of each year. Your renewal fee will be \$30.00 per year.

CURRENT PLATE	EXPIRATION	<u>FEES</u>
Plate begins with 8	8/97	\$40.00
Plate begins with 9	9/97	\$39.25
Plate begins with O	10/97	\$36.88
Plate begins with N	11/97	\$34.50
Plate begins with D	12/97	\$32.13
Plate begins with 1	1/98	\$29.75
Plate begins with 2	2/98	\$27.38
Plate begins with 3	3/98	\$25.00
Plate begins with 4	4/98	\$22.63
Plate begins with 5	5/98	\$20.25
Plate begins with 6	6/98	\$17.88
Plate begins with 7	7/98	\$15.50